INFECTIOUS DISEASE OUTBREAKS

TABLE OF CONTENTS

7.0 Infectious Disease Outbreaks
7.1 Infectious Disease Outbreaks
Figure 7.1-1. Investigation of a Potential MRSA Outbreak
Figure 7.1-2. Sample: Patient/Resident Survey Form for Rash Condition
Figure 7.1-3. Sample: Employee Questionnaire For Rash Condition
Figure 7.1-4. Sample: Generic Outbreak Medical Record Review Form
Figure 7.1-5. Line List Form
Figure 7.1-6. Sample: Employee Questionnaire Related to Outbreak
Figure 7.1-7. Nosocomial Outbreak Report Form
7.2 Parasite/Organisms of Concern in Long Term Care

INFECTIOUS DISEASE OUTBREAKS

Infectious Disease Outbreaks

Outbreak Definition

An outbreak is an occurrence of similar illnesses that are in excess of the normal expectancy for a given location and period of time. An example would be influenza, which can be expected to occur every winter and for which the facility should have a prevention and control management plan. When an illness starts affecting several persons (employees and/or residents), the sooner the facility contacts the local public health agency or the Missouri Department of Health, the sooner the disease can be diagnosed, and more importantly, preventive measures can be put into place.

An outbreak can be one case of a disease of unusual virulence or public health importance (i.e., tuberculosis, meningococcal disease, measles, streptococcal wound infection). It can likewise be two cases when persons do not share a room, OR one case in the resident population and one in the employee population. Otherwise, an outbreak can be defined as three or more cases related by time, place and in the same population, OR two and one half times above the normal incidence of new cases.

An increase in disease or infection may involve different organisms in a specific body site in different persons OR one organism in several different body sites of multiple persons. Example of the latter would be the presence of the same antibiotic-resistant organism (MRSA, VRE) in the urine of persons with indwelling urinary catheters.

Reporting Outbreaks

Known or suspected disease or infection outbreaks are to be reported to your local public health agency, Department of Health district health office or the Section of Communicable Disease Control and Veterinary Public Health, Missouri Department of Health at (573) 751-6113 or (800) 392-0272 during working hours. Outbreaks of unusual virulance or of public health importance can also be reported by calling (573) 751-4674 after hours, weekends or holidays.

By reporting an increase in illness or infection early, a facility can receive assistance in:

- Identifying the causative organism via testing by the State Public Health Laboratory
- Identifying the probable mode of transmission
- Reviewing appropriate barrier and isolation precautions for implementation to prevent a large outbreak and/or the occurrence of serious health outcomes.

For suspected or identified scabies infections, see "Guidelines for Scabies Prevention and Control." (See Appendix J)

Outbreak Checklist

1. **Request Help.**
   Call your local public health agency or the state Communicable Disease Control office at (800) 392-0272) for assistance with outbreak investigation as soon as an outbreak is suspected. Specific prevention and/or control strategies are dependent upon the causative organism. For an example of an algorithm for the investigation of an outbreak, see Figure 7.1-1 "Investigation of a Potential Methicillin-Resistant *Staphylococcus aureus* (MRSA) Outbreak." For examples of forms to be used when investigating a rash illness, see Figure 7.1-2 "Patient/Resident Survey Form for Rash Condition" and Figure 7.1-3 "Employee Questionnaire for Rash Condition."

2. **Control the Outbreak (Confine and Contain)**
   - Enforce frequent and adequate handwashing.
   - Use gloves and other barrier protections as indicated.
   - Utilize airborne precautions if indicated.
   - Restrict certain activities, depending on the suspected organism
   - Keep persons with respiratory illness confined to their rooms.
   - Place similarly infected persons together (same room or wing), if possible. Have specific staff designated to care for infected/colonized residents only and avoid any contact with well residents.
   - Confine drainage using appropriate dressings.
   - Send ill employees home or do not allow them to return to work until asymptomatic, or if required, negative cultures are obtained.

3. **Initiate More Thorough Surveillance (Check for Additional Cases)**
   The first cases of illness in a long term care facility outbreak may be the most obvious. Many unrecognized definite or probable cases will be uncovered by:
   1. Observation of signs and symptoms
   2. Review of chart documentation
   3. Creation of a line list of all probable symptoms possibly associated with the illness and the organism (if known)
   4. Identification of other infected cases in the facility beginning with the nursing units where the first cases occurred.

   This process involves both clinical observations and chart review. (See Figure 7.1-4 "Generic Outbreak Medical Record Review Form".) Some of the critical information needed to analyze how and when the organism was transmitted are age, sex, time and date of disease onset, duration of and sequence of symptoms, resident room and nursing unit placement, and possible risk/means of exposure (roommate, dining room tablemates, activities, degree of debilitation, treatments, invasive devices, other).

4. **Start a Line Listing** (See Figure 7.1-5)
   At a minimum, identify each case by room number and wing location. The amount and type of detail collected on each affected resident is determined by the severity/extent of the outbreak and the organism suspected to be the cause of the outbreak. Cultures may need to be collected as an integral part of the outbreak surveillance. Request isolates/specimens be saved for possible future testing.

   Remember to survey and create a line list of the facility employees as well as the residents. For an example of a form that can be used to survey facility employees, see Figure 7.1-6 "Employee Questionnaire Related to Outbreak."

5. **Inform Staff and Residents About Suspected or Known Disease or Organism.**
   Control of Communicable Diseases in Man by Abram Benenson and published by the American Public Health Association is a good quick reference. Provide disease/organism fact sheet handouts to all concerned. Provide educational offerings on the organism and control measures to all who need to know, such as facility staff, volunteers and frequent facility visitors.

6. **Complete and Send in Report When Outbreak is Over**
   Figure 7.1-7 is an example of an outbreak report form. Include the number of symptomatic cases versus total number exposed in both the resident and employee populations. Include copy of line list. Send report to your local public health agency or district health office, Attention: Epi Specialist.

Figure 7.1-1

Investigation of a Potential MRSA Outbreak

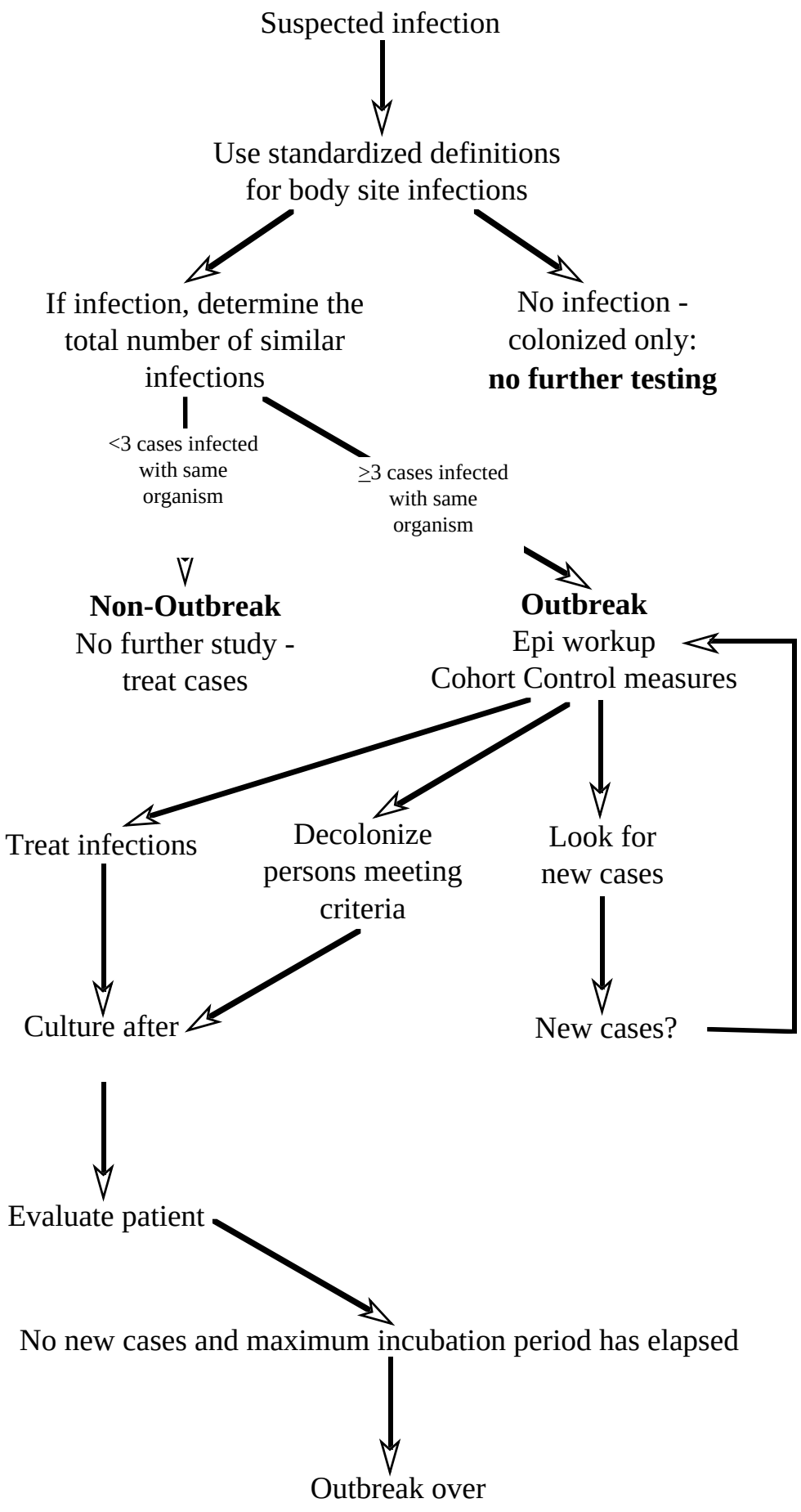

Figure 7.1-2

Patient/Resident Survey Form For Rash Condition

Name _____ Chart Reviewer/Interviewer _____

Record # _____ Age _____ Sex _____ Survey Completion Date _____

Nursing Unit _____ Room # _____ Epi I.D. # _____

Admission Date _____ Name of facility transferred from _____

Current Clinical DX

_____

Description of rash (check or circle all that apply)	Date of onset
Burrows: red, white, gray _____	_____
Papules: red, white, pus-filled _____	_____
large or tiny _____	_____
Hives _____	_____
Bullous lesions _____	_____
Scales _____	_____
Crusts _____	_____
Other _____	_____

Lesions are predominately on _____

Does the patient complain of itching? Yes _____ No _____

Is itching worse during day or night? Yes _____ No _____ Day _____ Night _____

Is the patient scratching? Yes _____ No _____ Is excoriation present? Yes _____ No _____

Does the rash area have pus or yellow-green drainage? Yes _____ No _____

Diagnostic Tests	Dates	Results
Skin scrapings? Yes _____ No _____	_____	_____
Shavings? Yes _____ No _____	_____	_____
Skin biopsy? Yes _____ No _____	_____	_____
Culture of skin lesions? Yes _____ No _____	_____	_____

Other _____

Treatment for Rash (including steroid creams/lotions)

Name of medications	Dates administered
_____	_____
_____	_____
_____	_____

Environmental Factors and Direct Contact Exposures

Has there been a change in laundry soap in the past 2 months? Yes _____ No _____

Is there a different contract laundry in the past 2 months? Yes _____ No _____

Participation in activities and personal habits:

Dancing or games of hand holding? Yes _____ No _____ Crafts? Yes _____ No _____

Frequent touching of others? Yes _____ No _____

Does roommate have a rash? Yes _____ No _____ Name of roommate _____

Does a visiting family member or friend have a rash? Yes _____ No _____

Name(s) _____

Dates(s) of exposure to persons known to have scabies or a rash. _____

_____

Figure 7.1-3

Employee Questionnaire For Rash Condition

Name: _____ Age: _____

Shift hours: _____ Sex: _____

Department: _____

Assigned areas: _____

Duties: _____

Have you had any type of rash recently? Yes _____ No _____

When did it start? _____

Has anyone in your family had a rash? Yes _____ No _____

Who? _____

When did it start? _____

Please describe the rash: _____

_____

Have you or has your family seen a doctor for this rash? Yes _____ No _____

Name of doctor and diagnosis: _____

_____

What type of medication have you used? _____

How did you apply, use the medication? _____

_____

What date or week did you last use the medication? _____

The medication caused the rash to: Improve/get worse (circle correct answer)

Did rash return after medication was discontinued? Yes _____ No _____

Thank you for your time and cooperation in answering these questions.

Figure 7.1-4

Generic Outbreak Medical Record Review Form

Demographic Data

Epi No. _____ Record No. _____ Reviewer _____

Resident Name _____ Review Date _____

Status _____ (1=case 2=uncolonized 3=colonized control 4=matched uncolonized control 5=matched colonized control)

Set number _____ (to correlate case with controls)

Race _____ Age _____ DOB _____ Sex M / F

(1=white, 2=black, 3=Ameriocan Indian/American Native, 4=Asian/Pacific Islander, 9=Not specified)

Facility _____ (H or NH)

Transferred From _____ (Name of Facility) _____ (Date)

Transferred To _____ (Name of Facility) _____ (Date)

Outcome _____ Date _____

(1-recovered, 2-recovered colonized, 3-recovered decolonized, 4-not recovered, 5-death, 6-discharged unknown)

	Unit	Room	Date
Admission	____	_____	_____
Transfers	____	_____	_____
	____	_____	_____
	____	_____	_____

Infection Type	Onset Date	Infection Type	Onset Date	Infection Type	Onset Date
Abscess site _____	_____	Ear extern/media/intern	_____	Tracheobronchitis	_____
Central venous line (CVL)	_____	Eye infection	_____	Pneumonia/pneumonitis	_____
I.V. site/vein	_____	Colitis, antibiotic associated	_____	Osteomyelitis/joint/bursa	_____
Cellulitis/fasciitis	_____	Enterocolitis, necrotizing	_____	Intraabdominal/peritonitis	_____
Bloodstream, primary	_____	Gastroenteritis	_____	Reproductive tract, _____	_____
Bloodstream, secondary	_____	Hepatitis, type _____	_____	Surgical wound, incisional	_____
Endo/myo/pericarditis	_____	Gastrostomy site	_____	Surgical wound, deep	_____
Encephalitis/sub/epidural	_____	Tracheostomy site	_____	Cystitis	_____
Meningitis/ventriculitis	_____	Mouth/tongue/gums	_____	Pyelonephritis	_____
Sepsis, clinical	_____	Pharyngitis/laryngitis	_____		
Gram negative shock	_____	Sinusitis/nasal/URI	_____		
Gram positive shock	_____	Bronchitis/bronchiolitis	_____		

Clinical Finding	Onset Date	Clinical Finding	Onset Date	Clinical Finding	Onset Date and/or Value
Atonic	_____	Dysphagia/sore throat	_____	Skin warmth	_____
Confusion	_____	Dyspnea	_____	Swelling	_____
Headache	_____	Tachypnea	_____	Macules	_____
Hypertonic	_____	Grunting	_____	Papules	_____
Hypotonic	_____	Lung infiltrate	_____	Petechiae	_____
Irritability	_____	Nasal flaring	_____	Pustules/boils	_____
Lethargy	_____	Rales/rhonchi	_____	Pruritus	_____
Nuchal rigidity	_____	Retractions	_____	Urticaria	_____
Malaise	_____	Sputa purulent	_____	Vesicles	_____
Myalgia	_____	Wheezing	_____	Dysuria	_____
Seizures	_____	Chills/rigors	_____	Frequency/urgency	_____
Syncope	_____	Hyperthermia	_____	Temperature	_____
Abdominal cramping	_____	Hypothermia	_____	Pulse	_____
Abdominal distention	_____	Temp. instability	_____	Respirations	_____
Anorexia/poor feeding	_____	Asystole	_____	B/P	_____
Diarrhea	_____	Bradycardia	_____	O_2 Sat.	_____
Hepatomegaly	_____	Tachycardia	_____	PCO_2	_____
Nausea	_____	Hypertension	_____	Acid/Base	_____
Splenomegaly	_____	Hypotension	_____	pH blood	_____
Vomiting	_____	Drainage, purulent	_____	APGAR (1 & 5 min)	_____
Apnea	_____	Drainage, serous	_____	Meconium stained	_____
Coryza/stuffy nose	_____	Desquamation	_____	FHT's	_____
Coughing	_____	Erythema	_____	Decels	_____
Cyanosis	_____	Pain/tenderness	_____	Full fontanel	_____

Treatments, Date Initiated, Healthcare Worker (HCW)

	Date	HCW	HCW	HCW	HCW	HCW	HCW
Catheter insertion	_____	_____	_____	_____	_____	_____	_____
Central venous line (CVL)	_____	_____	_____	_____	_____	_____	_____
Intravenous, peripheral	_____	_____	_____	_____	_____	_____	_____
Other vascular	_____	_____	_____	_____	_____	_____	_____
Enteral feeding	_____	_____	_____	_____	_____	_____	_____
Nasogastric	_____	_____	_____	_____	_____	_____	_____
Urinary	_____	_____	_____	_____	_____	_____	_____
Dialysis	_____	_____	_____	_____	_____	_____	_____
Hydrotherapy/whirlpool	_____	_____	_____	_____	_____	_____	_____
Physical therapy (specify)	_____	_____	_____	_____	_____	_____	_____
Respiratory therapy (specify)	_____	_____	_____	_____	_____	_____	_____
Intubation, endotracheal	_____	_____	_____	_____	_____	_____	_____
IPPB	_____	_____	_____	_____	_____	_____	_____
O_2 cannula	_____	_____	_____	_____	_____	_____	_____
Ventilation, assisted	_____	_____	_____	_____	_____	_____	_____
Tracheostomy	_____	_____	_____	_____	_____	_____	_____
Suction	_____	_____	_____	_____	_____	_____	_____
Bulb, DeLee	_____	_____	_____	_____	_____	_____	_____
Nasotracheal	_____	_____	_____	_____	_____	_____	_____
Oropharyngeal	_____	_____	_____	_____	_____	_____	_____
Tracheostomal	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____
Wound manipulation	_____	_____	_____	_____	_____	_____	_____
Cleansing	_____	_____	_____	_____	_____	_____	_____
Debridement, manual	_____	_____	_____	_____	_____	_____	_____
Irrigation	_____	_____	_____	_____	_____	_____	_____
Suctioning	_____	_____	_____	_____	_____	_____	_____

Medications

	Drug Name & Dosage	Start Date	Stop Date	# of Days
Analgesia	_____	_____	_____	_____
	_____	_____	_____	_____
Antibiotics	_____	_____	_____	_____
	_____	_____	_____	_____
Chemotherapy	_____	_____	_____	_____
	_____	_____	_____	_____
Corticosteroids	_____	_____	_____	_____
	_____	_____	_____	_____
Immunosuppressants	_____	_____	_____	_____
	_____	_____	_____	_____
Vaccine	_____	_____	_____	_____
Immunoglobulin	_____	_____	_____	_____
Amantadine	_____	_____	_____	_____

Serology

WBC _____ Absolute Neutrophils _____ Segs _____ Bands _____
Hbg. _____ Hct. _____

Chemistry

Serum glucose _____ Serum total protein _____ Bilirubin _____

Urine

Colony count _____ WBC's _____ RBC's _____

Gram Stain _____ or **Other Stain** _____

Feces

Hemoccult _____ WBC's _____
Toxin assay _____ Positive _____ Negative _____

Source and Specimen Collection Dates of Isolates and/or Antigens

Sterile Site	Isolate/Antigen	Date	Sterile Site	Isolate/Antigen	Date
1. Blood			5. Synovial fluid		
2. CSF			6. Tissue		
3. Peritoneal fluid			7. Other		
4. Pleural fluid					

Non-Sterile Site	Isolate/Antigen	Date	Non-Sterile Site	Isolate/Antigen	Date
1. Ear			10. Invasive Site		
2. Eye			11. Skin		
3. Bronchi			12. Surgical wound		
4. Lungs			13. Rectum/feces		
5. Nose			14. Stomach		
6. Throat			15. Urine-bladder		
7. Trachea			16. Umbilical cord		
8. Sputa, expectorated			17. Vagina		
9. Decubitus			18. Other		

Underlying Conditions or Infections Leading to Current Infection

1. Alertness, reduced		13. Dialysis	
2. Anemia or sickle cell		14. Hemorrhage	
3. Alcohol abuse		15. HIV/AIDS	
4. Alzheimers or dementia		16. Incontinent: urine/feces	
5. Burns (severity: _____)		17. I.V. drug abuse	
6. Cerebral vascular accident		18. Malignancy	
7. Chronic heart disease		19. Malnutrition	
8. Chronic lung disease		20. Pelvic inflammatory disease	
9. Chronic renal disease		21. Peripheral vascular disease/ulcer	
10. Cirrhosis/liver disease		22. Pressure sore	
11. Debilitation		23. Splenectomy	
12. Diabetes mellitus		24. Other	

Personal Care

Feeding ___ [E]ats unassisted [F]ed by mouth [T]ube fed
Bathing ___ [B]ed bath [S]hower [T]ub bath
Mobility ___ a[M]bulatory a[S]sisted [B]edfast [W]heelchair
Beauty shop/barber (yes/no) ___

Activities yes/no

Crafts _____ Games _____ Exercises _____ Singing _____ Socializes _____ Other _____

LINE LIST

CASE	I.D.	E/P	AGE	SEX M/F	UNIT & ROOM	SYMPTOMS	EXPOSURE DATE	ONSET DATE	DURATION OF ILLNESS	PATHOGEN	SPEC. DATE	RX	DOCTOR	HOSP. DATES
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
DEFINE EXPOSURE						I.D. = PATIENT INITIALS E/P = EMPLOYEE/PATIENT SPEC. DATE = SPECIMEN COLLECTION DATE RX = TREATMENT HOSP = HOSPITALIZED								

Figure 7.1-5

LINE LIST

CASE	I.D.	E/P	AGE	SEX M/F	UNIT & ROOM	SYMPTOMS	EXPOSURE DATE	ONSET DATE	DURATION OF ILLNESS	PATHOGEN	SPEC. DATE	RX	DOCTOR	HOSP. DATES
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
32														
33														
34														

DEFINE EXPOSURE

I.D. = PATIENT INITIALS E/P = EMPLOYEE/PATIENT SPEC. DATE = SPECIMEN COLLECTION DATE RX = TREATMENT HOSP = HOSPITALIZED

LINE LIST

CASE	I.D.	E/P	AGE	SEX M/F	UNIT & ROOM	SYMPTOMS	EXPOSURE DATE	ONSET DATE	DURATION OF ILLNESS	PATHOGEN	SPEC. DATE	RX	DOCTOR	HOSP. DATES
35														
36														
37														
38														
39														
40														
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
51														

DEFINE EXPOSURE

I.D. = PATIENT INITIALS E/P = EMPLOYEE/PATIENT SPEC. DATE = SPECIMEN COLLECTION DATE RX = TREATMENT HOSP = HOSPITALIZED

LINE LIST

CASE	I.D.	E/P	AGE	SEX M/F	UNIT & ROOM	SYMPTOMS	EXPOSURE DATE	ONSET DATE	DURATION OF ILLNESS	PATHOGEN	SPEC. DATE	RX	DOCTOR	HOSP. DATES
52														
53														
54														
55														
56														
57														
58														
59														
60														
61														
62														
63														
64														
65														
66														
67														
68														

DEFINE EXPOSURE

I.D. = PATIENT INITIALS E/P = EMPLOYEE/PATIENT SPEC. DATE = SPECIMEN COLLECTION DATE RX = TREATMENT HOSP = HOSPITALIZED

Figure 7.1-6

Employee Questionnaire Related to Outbreak

Name: _____ Age: _____ Sex: _____

Department: _____ Shift hours: _____

Assigned areas: _____ Duties: _____

Personal Care: Yes/No Interviewing: Yes/No Give medications: Yes/No

OR/ER Surgical Asst: Yes/No OR/ER Circulator: Yes/No Provide treatments: Yes/No

Have you had any of the following conditions recently?

	Yes/No	Date Started	Comment
Skin irritation or rash	_____	_____	_____
Skin wound, sore, blisters or pimples	_____	_____	_____
Nasal or sinus drainage	_____	_____	_____
Throat drainage or soreness	_____	_____	_____
Cough	_____	_____	_____
Coughing up drainage from the chest	_____	_____	_____
Eye drainage	_____	_____	_____
Ear drainage or pain	_____	_____	_____
Vaginal drainage	_____	_____	_____
Nausea and/or vomiting	_____	_____	_____
Diarrhea	_____	_____	_____
Frequent urination/pain when urinating	_____	_____	_____

Has anyone in your family had the same conditions as you? _____Yes _____No

Has anyone in your household had an infection in the past month? _____

Have you or has your family seen a doctor for this? _____Yes _____No

Name of doctor and diagnosis: _____

_____

What type of medication have you used? _____

What date or week did you last use the medication? _____

The medication caused the condition to: improve/get worse (circle correct answer)

Did condition return after medication was discontinued? _____Yes _____No

Thank you for your time and cooperation in answering these questions.

Figure 7.1-7

MISSOURI DEPARTMENT OF HEALTH
SECTION OF COMMUNICABLE DISEASE CONTROL AND
VETERINARY PUBLIC HEALTH
NOSOCOMIAL OUTBREAK REPORT FORM

PO BOX 570
JEFFERSON CITY , MO 65102
(800)392-0272 OR
(573/751-6113

REPORTED INITIALLY BY

NAME	TITLE	
ORGANIZATION	DATE/TIME	TELEPHONE NUMBER
TO NAME	TITLE	
ORGANIZATION	DATE/TIME	TELEPHONE NUMBER

REPORTED TO

LOCAL CO/CITY HEALTH DEPT. ☐ Yes ☐ No DATE _____ TIME _____
DISTRICT HEALTH DEPT. ☐ Yes ☐ No DATE _____ TIME _____
COMMUNICABLE DISEASE ☐ Yes ☐ No DATE _____ TIME _____
DIVISION OF AGING ☐ Yes ☐ No DATE _____ TIME _____

DEPT. OF MENTAL HEALTH ☐ Yes ☐ No
DATE _____ TIME _____

1. Name of Facility

Contact Person/Position Title

☐ Hospital ☐ Mental Health
☐ Nursing Home ☐ Rehabilitation

Address (Street or PO Box, City, State, Zip Code)

Telephone Number

2. Number of Cases and Number of Exposed at Each Location, Service, or Nursing Unit

	No. Cases		No. Exposed		No. Cases		No. Exposed		No. Cases		No. Exposed	
	Residents	Employees	Residents	Employees	Residents	Employees	Residents	Employees	Residents	Employees	Residents	Employees
Medical Units	Unit				Unit				Unit			
Surgical Units	Unit				Unit				Unit			
Intensive Care Units	Adult/Type				Pediatric/Type				Newborn/Type			
Obstetrics	L & D				Post Partum				Newborn			
Rehabilitation	Unit				Unit				Unit			
Mental Health	Unit				Unit				Unit			
Long Term Care	Unit				Unit				Unit			

Illness/Disease	Date First Case Starting Outbreak	Date of Case Causing Outbreak to be Reported	Date of Last Case

3. Principal Symptoms/
Onset Dates

4. Microorganisms:
A. Specimen Source/
Collection Date

Findings:

B. Laboratory Name
and Address

5. Total Number of Cases >	Residents	Employees	As of Date

6. Control Measure(s) Instituted

PARASITE/ORGANISMS OF CONCERN IN LONG TERM CARE

	Scabies	Chickenpox (Varicella)	*Clostridium difficile*	Shingles (Herpes Zoster)
Identification	Parasite, fecal pellets and/or eggs	Virus	Anaerobe	Virus
Reservoir	Humans	Humans	Humans	Humans
Mode of Transmission	Contact	Airborne Contact	Contact	Contact
Incubation Period	First Time: 4-6 weeks Re-infestation: 1-4 days	2-3 weeks	days to weeks	2-3 weeks Chickenpox
Period of Communicability	Until adequately treated	Until lesions are dry	Can be carrier	Until lesions are dry
Susceptibility	Anyone	No history of chickenpox	Prior/Present antibiotics	History of chickenpox
Precautions For Long Term Care	BSP***	Airborne (Mask) Private room	BSP*** Private room (only if diarrhea is not contained)	BSP*** Roommate has history of chickenpox
Can Resident Leave Room?	Following adequate treatment	When lesions are dry	If diarrhea is contained	When lesions are covered

	Influenza	MRSA*	*Staph aureus*	VRE**
Identification	Virus	Gram positive cocci	Gram positive cocci	Gram positive colli
Reservoir	Humans	Humans	Humans	Humans
Mode of Transmission	Droplet	Contact	Contact	Contact
Incubation Period	1-3 days	4-10 days	4-10 days	1-3 days
Period of Communicability	3-5 days in adults	Can be carrier	Can be carrier	Can be carrier
Susceptibility	Anyone/Elderly	Anyone	Anyone	Anyone
Precautions For Long Term Care	Respiratory Precautions Restrict to room until symptoms abade.	BSP*** Private room (only if secretion/ excretions are not contained Patient placement†	BSP*** Private room (only if secretion/ excretions are not contained Patient placement†	BSP*** Private room (only if secretion/ excretions are not contained Patient placement†
Can Resident Leave Room?	When symptoms abade	When secretions are contained	When secretions are contained	When secretions are contained

* Methicillin-Resistant *Staphylococcus aureus*
** Vancomycin-Resistant Enterococcus
*** Body substance precautions
† Patient Placement: Place patient with low risk patient such as one who has no lines (tracheostomy, IV, foley catheter, G tube J tube) and has no open areas (surgical wound or decubitus) and is not receiving steroids or chemotherapy, and is not on dialysis or has renal failure and has not been on multiple courses of antibiotic or prolonged antibiotic therapy.